Attach to Form 592 for each recipient. See the separate instructions for Forms 592, 592-A, and 592-B. Part I Recipient Recipient's name Address (number and street)	PMB no.	Copy A FOR FRANCHI
Forms 592, 592-A, and 592-B. Part I Recipient Recipient's name	PMB no.	SSN TAX BOARD
Recipient's name	PMB no.	
•	PMB no.	
Address (number and street)	PMB no.	
Address (number and street)	PMB no.	
	I	☐ FEIN ☐ California corp. no.
City Province or st	ate	Postal code, and country
Part II Withholding agent (Payer/Partnership/Limited Liability Company)		
Vithholding agent's (payer's/partnership's/limited liability company's) name		SSN
	T	
address (number and street)	PMB no.	☐ FEIN ☐ California corp. no.
State	ZIP Code	Daytime telephone number
		()
Part III Preparer (if other than withholding agent)		•
Preparer's name		☐ SSN/PTIN
Address (number and street)	PMB no.	☐ FEIN ☐ California corp. no.
City	ZIP Code	Daytime telephone number
		()
Part IV Type of income subject to withholding. Check the applicable box(es).		
Payment to Rents Estate Trust Allocations	☐ Distributions	Other
Independent or Distributions Distributions to Foreign (non-U.S.) Contractor Royalties Nonresident Partner/Me	to Domestic (i ember Nonresident P	nonforeign) (describe) Partner/Member

IMPORTANT INFORMATION – PLEASE READ

RECIPIENT:

If you are an individual or corporation, enter the amount from Part V, line 2 on the nonresident withholding line of your California tax return. Attach the top portion of Form 592-B, Copy B, to the front of your tax return.

If you are a partnership, LLC, S corporation, Estate, or Trust, and the amount on line 2 exceeds your tax liability, you must file Form 592, Nonresident Withholding Annual Return, and allocate the excess credit to the partners, members, or beneficiaries.

Keep Copy C for your records.

The withholding of tax does not relieve you of the requirement to file a California tax return within three months and fifteen days (for individuals and fiduciaries) or two months and fifteen days (for corporations) after the close of your taxable year. If you cannot file the tax return by the due date, an automatic extension to file is granted (six months for individuals, fiduciaries, partnerships, LLCs, and seven months for corporations). However, you must pay your tax liability by the original due date.

To determine if you must file a tax return, refer to the instructions for your tax return: Form 540, California Resident Income Tax Return; Long Form 540NR, California Nonresident or Part-Year Resident Income Tax Return; Form 565, Partnership Return of Income; Form 568, Limited Liability Company Return of Income; Form 100, California

Corporation Franchise or Income Tax Return; Form 100W, California Corporation Franchise or Income Tax Return — Water's-Edge Filers; Form 100S, California S Corporation Franchise or Income Tax Return; or Form 541, California Fiduciary Income Tax Return.

2

Even if you do not have a California filing requirement, you should file if California tax has been withheld. For more information, call (800) 852-5711 from within the United States, or (916) 845-6500 (not toll-free) from outside the United States.

You may be assessed a penalty if:

- You fail to file a tax return.
- You file your tax return late.
- The amount of withholding does not satisfy your tax liability.

WITHHOLDING AGENT:

You must file Copy A of this form together with Form 592, Nonresident Withholding Annual Return, with the Franchise Tax Board. See the instructions for Forms 592, 592-A, and 592-B for when and where to file returns of tax withheld at source.

Direct correspondence to:

WITHHOLDING SERVICES AND COMPLIANCE SECTION FRANCHISE TAX BOARD PO BOX 651

SACRAMENTO CA 95812-0651

YEAR								
□□□□ Nonresident W	□□ Nonresident Withholding Tax Statement				CALIFORNIA FORM 592-B			
				Copy B	FILE WI			
Part I Recipient								
Recipient's name			SSN	+ 1	+ 1			
Address (number and street)		PMB no.	□FEIN	☐ Californi	a corp. no.			
City	Province	or state		Postal code,	and country	y		
Part II Withholding agent (Payer/Partnership/Li Withholding agent's (payer's/partnership's/limited liability	, , , , , , , , , , , , , , , , , , , ,		SSN					
Address (number and street)		PMB no.	☐ FEIN	☐ Californi	a corp. no.			
City	State	ZIP Code	Daytime	telephone nur	nber			
Part III Preparer (if other than withholding agent	N		()				
Preparer's name	.)		☐ SSN/I	PTIN				
Address (number and street)		PMB no.	☐ FEIN	☐ Californi	a corp. no.			
City	State	ZIP Code	Daytime	telephone nur	nber			

Allocations

to Foreign (non-U.S.)

Nonresident Partner/Member

Part V Tax Withheld

☐ Payment to

Independent

Contractor

Total amount subject to withholding

□ Rents

Royalties

Total California tax withheld

Attach **only** the top portion to the front of your California tax return (as you would a Form W-2).

For Privacy Act Notice, get form FTB 1131 (Individuals only).

— — — DETACH HERE — —

592B03103

Form 592-B (REV. 2003)

(describe)

IMPORTANT INFORMATION - PLEASE READ

Part IV Type of income subject to withholding. Check the applicable box(es).

□ Trust

Distributions

Estate

RECIPIENT:

If you are an individual or corporation, enter the amount from Part V, line 2 on the nonresident withholding line of your California tax return. Attach the top portion of Form 592-B, Copy B, to the front of your tax

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Keep Copy C for your records.

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Corporation Franchise or Income Tax Return; Form 100W, California Corporation Franchise or Income Tax Return — Water's-Edge Filers; Form 100S, California S Corporation Franchise or Income Tax Return: or Form 541, California Fiduciary Income Tax Return.

Other

2

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You may be assessed a penalty if:

Distributions

to Domestic (nonforeign)

Nonresident Partner/Member

- · You fail to file a tax return.
- You file your tax return late.
- · The amount of withholding does not satisfy your tax liability.

WITHHOLDING AGENT:

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Direct correspondence to:

WITHHOLDING SERVICES AND COMPLIANCE SECTION FRANCHISE TAX BOARD PO BOX 651 **SACRAMENTO CA 95812-0651**

YEAR					CALIFORNIA FORI	<u>M</u>	
□□□□ Nonresident With	nolding Tax	Statement			592-B		
				Copy C	FOR RECIPIE RECORDS	NT'S	
Part I Recipient				•			
Recipient's name			SSN		+		
Address (number and street)		PMB no.	□ FEIN	☐ Californi	a corp. no.		
City	Province	or state		Postal code,	and country		
Part II Withholding agent (Payer/Partnership/Limited	Liability Company)						
Withholding agent's (payer's/partnership's/limited liability compa	ny's) name		☐ SSN				
				+	+		
Address (number and street)		PMB no.	☐ FEIN	☐ Californi	a corp. no.		
City	State	ZIP Code	Daytime	telephone nun	nber		
				,			
Part III Preparer (if other than withholding agent)				,			
Preparer's name			☐ SSN/PTIN				
1 Toparor o Hamo							
Address (number and street)		PMB no.	□ FEIN	☐ Californi	a corp. no		
Address (Hamber and street)		1 100			<u>a oorp. 110.</u>		
City	State	ZIP Code	Daytime	telephone nun	nber		

Allocations

to Foreign (non-U.S.)

Nonresident Partner/Member

IMPORTANT INFORMATION – PLEASE READ

Estate

□ Trust

Distributions

Total amount subject to withholding

RECIPIENT:

Payment to

Contractor

Independent

Part V Tax Withheld

□ Rents

Royalties

If you are an individual or corporation, enter the amount from Part V, line 2 on the nonresident withholding line of your California tax return. Attach the top portion of Form 592-B, Copy B, to the front of your tax return.

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Corporation Franchise or Income Tax Return; Form 100W, California Corporation Franchise or Income Tax Return — Water's-Edge Filers; Form 100S, California S Corporation Franchise or Income Tax Return; or Form 541, California Fiduciary Income Tax Return.

Other

2

(describe)

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You may be assessed a penalty if:

Distributions

to Domestic (nonforeign)

Nonresident Partner/Member

- You fail to file a tax return.
- · You file your tax return late.
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WITHHOLDING SERVICES AND COMPLIANCE SECTION FRANCHISE TAX BOARD PO BOX 651

SACRAMENTO CA 95812-0651

				_	CALIFORNIA FORM			
□□□□ Nonresident W	ithholding Tax \S	Tax Statement			592-B			
				Copy D	FOR WITHHOLDING			
Part I Recipient				,				
Recipient's name			SSN		+			
Address (number and street)		PMB no.	□ FEIN	☐ Californ	ia corp. no.			
City	Province of	or state		Postal code,	and country			
Part II Withholding agent (Payer/Partnership/L	imited Liability Company)							
Withholding agent's (payer's/partnership's/limited liability	y company's) name		SSN					
		Inun			<u> </u>			
Address (number and street)		PMB no.	☐ FEIN	☐ Californ	ia corp. no.			
City	State	ZIP Code	Daytime telephone number					
Part III Preparer (if other than withholding ager	nt)		()				
Preparer's name	,		☐ SSN/I	PTIN				
Address (number and street)		PMB no.	□ FEIN	☐ Californ	ia corp. no.			

Allocations

to Foreign (non-U.S.)

Nonresident Partner/Member

IMPORTANT INFORMATION - PLEASE READ

Estate

Distributions

2 Total California tax withheld

Trust

Total amount subject to withholding

Distributions

RECIPIENT:

Payment to

Contractor

Independent

Part V Tax Withheld

If you are an individual or corporation, enter the amount from Part V, line 2 on the nonresident withholding line of your California tax return. Attach the top portion of Form 592-B, Copy B, to the front of your tax return.

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Rents

Royalties

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Other

2

(describe)

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You may be assessed a penalty if:

Distributions

to Domestic (nonforeign)

Nonresident Partner/Member

- You fail to file a tax return.
- You file your tax return late.
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Direct correspondence to:

WITHHOLDING SERVICES AND COMPLIANCE SECTION FRANCHISE TAX BOARD PO BOX 651

SACRAMENTO CA 95812-0651

IMPORTANT — PLEASE READ

Where to Get Publications, Forms, and Information Unrelated to Nonresident Withholding

By Internet: You can download, view, and print California tax forms and publications from our Website at **www.ftb.ca.gov**

By Automated Phone Service: Use this service to check the status of your refund, order California and federal tax forms, obtain payment and balance due information and hear recorded answers to general tax questions. This service is available 24 hours a day, 7 days a week, in English and Spanish.

From within the United States (800) 338-0505

From outside the United States (916) 845-6600 (not toll-free)

Follow the recorded instructions. Have paper and pencil handy to take notes.

By Mail: Please allow two weeks to receive your order. If you live outside of California, please allow three weeks to receive your order. Write to:

TAX FORMS REQUEST UNIT FRANCHISE TAX BOARD PO BOX 307 RANCHO CORDOVA CA 95741-0307 **In Person:** Many post offices and banks provide free California tax booklets during the filing season. Most libraries and some quick print businesses have forms and schedules for you to photocopy (a nominal fee may apply). **Note:** Employees at libraries, post offices, banks, and quick print businesses cannot provide tax information or assistance.

Assistance for persons with disabilities: We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments, please call:

TTY/TDD: (800) 822-6268

Asistencia bilingüe en español

Para obtener servicios en español y asistencia para completar su declaración de impuestos/formularios, llame al número teléfonico indicado arriba que le corresponde.